PATENT APPLICATION FEE DETERMINATION RECOR Effective October 1, 2000								Application or Docket Number  0 40034461-1					
													09814300
								CLAIMS AS FILED - PART I					
	T-1 01 41140		(Column 1)		(Column 2)		1	TYPE C			OR	SMALL	
TOTAL CLAIMS			20					RATE		FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			20 minus 20=		· 0			X\$ 9=			OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 =		0			X40=			OR	X80=	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+135=			OR	+270=	
' If the difference in column 1 is less than zero, enter "0" in column 2							TOTA			OR	TOTAL	710	
CLAIMS AS AMENDED - PART II									•		•	OTHER	THAN
	(Column 1) (Column 2) (Column 3)						<b>L</b> .	SMAL	T E	NTITY	OR	SMALL	ENTITY
⋖		CLAIMS REMAINING		HIGH NUM	BER	PRESENT		RATE		ADDI- TIONAL		RATE	ADDI- TIONAL
		AFTER AMENDMENT		PREVIO PAID		EXTRA	HAIE			FEE		MAIL	FEE
AMENDMENT	Total	. 20	Minus	**	9O)	= /		X\$ 9-	-	j	OR	X\$18=	
AME	Independent	. 3	Minus	***	3	= /		X40=			OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	CLAIM	ـــ	J	+135:		<i>i</i>	OR	+270= /	
			•				1	101			OR	TOTAL	
	(Column 1) (Column 2) (Column							ADDIT. F	tt I			ADDIT. FEE	
		CLAIMS		HIG	<b>JESY</b>		۱ ۱		7	ADDI-	l		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT		RATE		TIONAL FEE		RATE	TIONAL FEE
	Total	. 20	Minus	•• 6	30	= /	1	X\$ 9:	. 1	//	OR	X\$18≃	
	Independent	· °3	Minus	•••	3	2	]	X40=			OR	X80=	
	FIRST PRESE	ULTIPLE DEF	PENDEN	TCLAIM		J	+135:		-1		+270=		
							•	101			OR	TOTAL	
ĺ								ADDIT. F	ÉÉ		OR	ADDIT. FEE	
(Column 1) (Column 2) (Column 3)													_
AMENDMENT C		CLAIMS REMAINING		NUL	HEST 18ER OUSLY FOR	PRESENT EXTRA			. 1	ADDI-		0.55	ADDI-
		AFTER AMENDMENT						RATE	٠	TIONAL		RATE	TIONAL FEE
	Total	. 20	Minus	• 6	20	= /		X\$ 9=	-	)	OR	X\$18=	
NE SE	Independent	• 3	Minus	••• (	3	=		X40=			OR	X80=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	TCLAIM		J		1	-			l .
									<u>.</u>	•	OR	+270=	
	* If the entry in column 1 is less than the entry in column 2, write "O" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								AL EE		OR	TOTAL ADDIT. FEE	
"	il the "Highest Nu The "Highest Nur	mber Previously Pa ber Previously Pa	'aid For' IN THI aid For' (Total o	is space r Independ	es less tha att ei (last	un 3, enter "3." highest numb			_	ropriate bo	x in co	olumn 1.	

FORM PTO-675 (Rev. 6400)

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